



NOTICE OF BUSINESS CLOSURE

BUSINESS LICENSE ACCOUNT #: _____

OWNER NAME: _____

TRADE NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESSES LAST DAY OF OPERATION IN THE CITY OF SALEM*: _____ 20____

REASON FOR CLOSURE:

____ Business Terminated

____ Business Relocated New location address: _____

____ Business Sold New owner name: _____

____ Equipment only was located in the City

____ Other: _____

HAS ALL EQUIPMENT OWNED BY THIS BUSINESS BEEN SOLD, MOVED, OR DISPOSED? _____

HAVE ALL VEHICLES TITLED TO THIS BUSINESS BEEN SOLD OR REG. W/ NEW LOCALITY? _____

IF YOU ANSWERED NO TO EITHER QUESTION PLEASE EXPLAIN: _____

SIGNATURE OF OWNER: _____ DATE: _____

EMAIL: _____ PHONE #: _____

*Documentation showing proof of closure date must be provided for any business which has been terminated more than 12 months. Examples of acceptable documentation include, but are not limited to, final federal tax returns, termination of lease, or legal bill of sale.